DEADLINE:

Please return application & supplemental questionnaire in person or by U.S. Mail with a

above date.

4:30 PM

FRIDAY

postmark on or before the NOVEMBER 05, 2004

City-County Employment Office

Your	Telephone	<u>#</u>	E-Mail	Date
	TOTOPHOUG	"		2400

PARA-PROFESSIONAL/TECHNICAL WK

PUBLIC WORKS/UTILITIES - WATER

Req. #04-0069-CI-1

SUPPLEMENTAL QUESTIONNAIRE

Name	Social Security #
	2 "

Please allow 2 weeks from the closing date of this position before expecting to receive notice (one way or another) with regards to an interview.

PLEASE READ BEFORE COMPLETING:

The information you provide on this form will be used to further evaluate your training and experience as it relates to the position(s) for which you are applying. Be certain to include: paid employment, military history, volunteer experience, and any educational training and/or experience. NOTE: Please make certain that all employment history and education mentioned on this supplemental questionnaire also appear on your application. We screen all applications based upon the information you, the applicant, provide on these documents only. We do not refer to resumes.

This questionnaire is a supplement to your application and is made a part there of and subject to all terms and conditions noted on the Application for Employment. Remember, you are responsible for the completeness and accuracy of this form as well as the application. Incomplete or omitted information on either of the documents could result in you, the applicant, not receiving full credit for your experience. So please, be as detailed as possible.

CRIMINAL HISTORY CHECKS WILL BE MADE ON TOP CANDIDATES.

1-1. 	Do Yes No	you have experience in making minor plumbing repairs and plumbing installations?
1	-2.	
	IfΣ	yes, please list employer(s) and how long you performed these duties. EXPLAIN:
1	-3.	
	If 3	yes, please describe your experience. EXPLAIN:
2-1. serv		
2	-2.	
	If y	yes, please list employer(s) and how long you performed these duties. EXPLAIN:

2-3.	
If	yes, please describe your experience. EXPLAIN:
3-1. Do	you have experience working with the public?
Yes	S S
3-2.	
If :	yes, please list employer(s). EXPLAIN:
3-3.	
If :	yes, please describe your experience. EXPLAIN:
4-1. Do	you have experience working with customer complaints?

Yes No

	yes please list employer(s). EXPLAIN:		
4-3.			
If :	yes, please describe your experience. EXPLAIN:		
	··		
where yo	o you have experience doing any of the following tasks? (Please list employer(s) ou acquired this experience to receive credit for the work.)		
Rea	moving & resetting of water meters ad meters & record data		
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Real Real Real Real Real Real Real Real	ad meters & record data king water samples pping water mains king inspections o you have experience with computer software programs?		
Real Real Real Real Real Real Real Real	ad meters & record data king water samples pping water mains king inspections o you have experience with computer software programs?		
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Rea Tal Tal Mal Mal Tal Mal Ma	ad meters & record data king water samples pping water mains king inspections o you have experience with computer software programs? s yes, please list programs used and describe your experience.		
Rea Tal Tal Mal Mal Tal Mal Ma	ad meters & record data king water samples pping water mains king inspections o you have experience with computer software programs? s yes, please list programs used and describe your experience.		

operate a motor vehicle. I understand state law requires operators possessing a driver's license from another state must obtain a valid Nebraska Driver's license within 30 days of change of residence. I understand that if my driving privileges and/or license is at any time suspended, revoked, impounded, or in any other way removed by the State of Nebraska, that I must notify my supervisor within 30 days of a conviction for any type of violation (except parking) which does not result in a loss of my driving privileges. I understand that this document is an official City/County record, and that falsification of this document, or failure to report loss of driving privileges and/or license in the future is grounds for my being disciplined, if hired, or removed from the list of certified eligibles
7-2. I am legally licensed to operate a motor vehicle in the State of Nebraska. Yes No
7-3. I am legally licensed to operate a motor vehicle issued by another state. $\hfill\Box$ Yes $\hfill\Box$ No
8-1. CRIMINAL HISTORY CHECKS will be conducted on the top applicants. In order to perform such checks, the Lincoln Police Department requires the following information. I understand that ALL convictions for any law violation (such as: DUI, shoplifting, minor in possession, reckless driving, and so on) other than a minor traffic violation (i.e., parking ticket, speeding ticket) must be listed on the front of the application form or on an attached sheet. Consideration is given to the offense and its relationship to the position for which you are applying. Failure to list convictions will be considered to be falsification of your application and result in automatic rejection. [Lancaster County Personnel Rules 5.4(c and Lincoln Municipal Code 2.76.230(d)]
Please list, Last name, First name, Middle name, Birth date, Sex, Other name known as (Ex. maiden name) EXPLAIN:
9-1. Have you listed on the application form ALL jobs and education described on this questionnaire? (NOTE: FAILURE TO LIST ALL JOBS OR EDUCATION ON THE APPLICATION COULD BE CAUSE FOR REJECTION BASED ON INSUFFICIENT INFORMATION. PLEASE CHECK YOUR APPLICATION AGAIN.) Yes No

7-1. I understand, as a condition of my employment for the position for which I am applying with the City of Lincoln/Lancaster County, that I must at all times be legally licensed to